09155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2d

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Tracey Landing; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Tracys Landing; STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rosie	Leitha	Armiger	Sept	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct 15, 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	—	Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Welch	Frances Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs James Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	4 mos
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pernicious anemia	2 yrs
	(c) Carcinoma Carcinoma - Stomach	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1950, to Sept 10, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 11:10 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Cancer	M D	Upper Marlboro, Md	Sept 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 13 1952	St James	Tracey Landing Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 13-1952	H. R. Clayton Deputy	T A Hardesty & Son, Galesville Md	

RECEIVED
SEP 15
BUREAU W. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09990

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup.
LENGTH OF STAY (in this place) 3 months 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Hancock Corporation.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) R. F. D. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hedley,		Benson	9 -	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	Black	Single	10/2/98	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer -	Canning	Easton, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clem Benson	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes 1919	?	Md. Hancock Corporation Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Artery Sclerosis	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒ *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.B. Fisher	M.D.	Chief Medical Examiner, 700 E. Fleet St.	9-20-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremated	Oct. 8 1952	Davis, Maryland Memorial Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/52	Clara Hartsuff	The Anatomy Board of Md. per: M. Frampton, Secy.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
OCT 10 1952
BUREAU V. S.

Item 18 Film G147 9-26-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09156

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Round Bay Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay
STREET ADDRESS Rt 1 Box 62 (If rural, give location) Severna Park P.O.

3. NAME OF DECEASED: (Type or Print) (First) VERNE (Middle) WORTHINGTON (Last) BLACK

4. DATE OF DEATH: (Month) SEPT. (Day) 16 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: MAY 2, 1880

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK (RET)

10b. KIND OF BUSINESS OR INDUSTRY: TRES. OFFICE A.A.Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN W. BLACK

14. MOTHER'S MAIDEN NAME: ANNIE DRACH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. ANITA B. BLACK WIFE - SAME AS #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

199.9
Immediate cause (a) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Primary site is unknown, but probably in the prostate.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug., 1952, to 16 Sept., 1952, that I last saw the deceased alive on 16 Sept., 1952, and that death occurred at 5 45 P m., from the causes and on the date stated above.

SIGNATURE Rene D. Trettin (DEGREE OR TITLE) MD ADDRESS Severna Park, Md DATE SIGNED 16 Sept. 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 9-19-52
NAME OF CEMETERY OR CREMATORY GLEN HAVEN CEMETERY
LOCATION (City, town, or county) (State) GLEN BURNIE, MARYLAND

DATE REC'D BY LOCAL REG. Sept. 19, 1952.
REGISTRAR'S SIGNATURE L. J. Dallas

24. FUNERAL DIRECTOR B.L. HOPPING & SON ADDRESS ANNAPOLIS, MD.

RECEIVED
SEP 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09157

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville Rural

LENGTH OF STAY (in this place) 2 yr. 8mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) 1137 Park Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Grace		Butler	9	19	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Single	7/29/84	68 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	- - - - - - - -	Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louis Butler	Hannah Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
- - -	- - - - - -	- - - - - -	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Arteriosclerosis	Known to us since adm. 1/17/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General Arteriosclerosis	" "
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy, Senile Psychosis " "

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
- - - - - -	- - - - - - - - - - - - - - - - - - - -	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
- - - - - -	- - - - - -	- - - - - -	- - - - - -	- - - - - -

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
- - - - - - - - M.		- - - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 1/17, 19.50, to 9/19, 19...52, that I last saw the deceased alive on 9/18, 19...52, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Carl Marcellus M.D.	Crownsville, Md.	9/19/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 23-52	Mt Auburn Cem	Westport Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/23/52	A. W. Hedrick	George T. A. Gibson Sr	1735 Druid Hill Ave Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(#)158-28

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 9 y. -
HOSPITAL OR INSTITUTION OR STREET ADDRESS General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Conner

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 4/10/87

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sellner

14. MOTHER'S MAIDEN NAME: Barbara Talbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Margaret Hellmers (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174X

Immediate cause (a) Pneumonia of uterus — Interval Between Onset and Death: 4 y.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardio - vascular disease — 2 y

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 1946

19b. MAJOR FINDINGS OF OPERATION: Pneumonia of uterus

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/52 to 9/19/52, that I last saw the deceased alive on 9/17/52, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Gustave A. Faulenbach M.D. Glen Burnie, Md. 9/19/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9/23/52 — NAME OF CEMETERY OR CREMATORY New Cathedral Cem. — LOCATION (City, town, or county) Baltimore — (State) Md.

DATE REC'D BY LOCAL REG. 9/23/52 — REGISTRAR'S SIGNATURE L. J. Dubbs — 24. FUNERAL DIRECTOR P. Ridgely Talbert — ADDRESS Glen Burnie, Md.

H. M. Gough Co

RECEIVED
SEP 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 59

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 yrs. 11½mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Enos (Middle) (Last) Cullony

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 19th

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Rhode Island

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334 X

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: Known to us since adm. 10/17/47

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — Known to us since adm. 10/17/45

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION: — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — —

(CITY OR TOWN) — — — — — — — — — — — — — — — — — —

(COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/17....., 1947., to 9/29., 1952., that I last saw the deceased alive on 9/29....., 1952 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE Thos. Mayercsak M.D. (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 9/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-30-52 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. — LOCATION (City, town or county) (State) Brooklyn Md

DATE RECD BY LOCAL REG. 9/2/52 — REGISTRAR'S SIGNATURE [illegible] Clerk

24. FUNERAL DIRECTOR Elroy Wilson Jr. — ADDRESS 1000 Brantly Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parole Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Henry (Last) Denny

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 19 1880

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mt Pendrea A. A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Denny

14. MOTHER'S MAIDEN NAME: Amil Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Margaret Denny, Shadyside

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 20 1

Immediate cause (a) Coronary occlusion — DUE TO — Interval Between Onset and Death: 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Aug., 1952, to 3 Sept., 1952, that I last saw the deceased alive on 3 Sept., 1952, and that death occurred at 4.00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jerald Hoker, M.D. ADDRESS Annapolis, Md DATE SIGNED 6 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-8-52 — NAME OF CEMETERY OR CREMATORY Carpenter Hall — LOCATION (City, town, or county) Owensville, Md (State)

DATE REC'D BY LOCAL REG. Sept. 6, 1952 — REGISTRAR'S SIGNATURE J. Edward Turner, M.D.

24. FUNERAL DIRECTOR J. P. Johnson — ADDRESS Annapolis

1043

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waterbury Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 734 S. Charles St.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Margaret (Last) Darnell

4. DATE OF DEATH: (Month) (Day) (Year) September 22, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 27, 1876

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Cole

14. MOTHER'S MAIDEN NAME: Sophie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Catherine Korbach Crownsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4221
Immediate cause (a) Cardiac Failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cardio-Vascular Disease — 2 yrs
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19/, 1952, to 9/22/, 1952, that I last saw the deceased alive on 9/21/, 1952, and that death occurred at 6:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

O'Mac Nemar MD

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9/24/52

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/23/52

REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: R.V. Singleton

ADDRESS: Glen Burnie, Maryland

RECEIVED
SEP 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	GREENWOOD	DODD	September	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	Dec. 25 1890	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Keeper	Tavern	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Dodd	Elizabeth Scholl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
yes World #1	-	Mrs. Lillian Silverman-4651 Manordene Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular renal disease

4422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William H. Smith — Baltimore, Maryland — September 11, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/15/52	Lorraine Park Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 13, 1952	R.W.	Wm. J. Ickes & Sons	Balto. 17, Md.

S-1-55A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5163

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
STREET ADDRESS (If rural, give location): Pasadena Post Office

3. NAME OF DECEASED: (First) ULYSSES (Middle) GRANT (Last) DONALDSON

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	April 4, 1864	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Prop.	General Store	Anne Arundel County Md.	USA

13. FATHER'S NAME: Joshua T. Donaldson

14. MOTHER'S MAIDEN NAME: Mary Jane Thirles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	None	Mr. Edgar F. Donaldson Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
42.1 Immediate cause	(a) Coronary occlusion	1 hr.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16/52, 19..., to 9/26, 19..., that I last saw the deceased alive on 9/26, 19..., and that death occurred at 5:07 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) A. Bosworth M.D. ADDRESS Annapolis Md DATE SIGNED 9/28/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-29-52	Trinity Cemetery	Patuxant, A.A. Co., Maryland

DATE REC'D BY LOCAL REG. Sept 29, 1952 — REGISTRAR'S SIGNATURE W. Branch

24. FUNERAL DIRECTOR ADDRESS: Ben L. Hopping and Son Annapolis, Md.

VS-A15 8-51

RECEIVED
BUREAU V. S.

6916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-1

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Neck
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Neck
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Kent (Last) Dyson
4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1952
5. SEX Fem.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 1857
9. AGE last birthday 95 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Huntington, Calvert Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Kent
14. MOTHER'S MAIDEN NAME Sarah Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Thomas Kent Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Cardio Vasc. Disease — yrs. —
(c) Chr. Interstitial Nephritis — yrs.

5924

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1952, to 9/9, 1952 that I last saw the deceased alive on 9/8, 1952, and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marvin W. Emmons, MD ADDRESS Annapolis Md DATE SIGNED 9/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 12 1952
NAME OF CEMETERY OR CREMATORY Annapolis Neck
LOCATION (City, town, or county) A. A. (State) Md

DATE REC'D BY LOCAL REG. Sept. 12, 1952
REGISTRAR'S SIGNATURE W. H. Brinch
24. FUNERAL DIRECTOR D. E. Johnson ADDRESS Annapolis

SEP 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A & A Co General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1302 Kentwood St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) S. (Last) Evans

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: Dec 6 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Electric Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Gas-Electric Co

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: John H Evans

14. MOTHER'S MAIDEN NAME: Elizabeth Stinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Laura S. Evans Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
E Lundvall MD Annapolis, Md 9-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-20-52 — NAME OF CEMETERY OR CREMATORY Asbury Cem — LOCATION (City, town, or county) Arnold — (State) Md

DATE REC'D BY LOCAL REG. Sept. 18, 1952 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John M Hayes Son — ADDRESS Annapolis Md

SEP 19

Item 18 Film G146 9-18-52 ams

09166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum (Rural); LENGTH OF STAY (in this place) 2 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum (Rural); STREET ADDRESS (If rural, give location) Maryland ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A (Last) Seay

4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 1862

9. AGE last birthday: 90 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Primary cause,

Immediate cause (a) Pneumonia

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ill Do

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Sept ....., 1952, and that death occurred at 11 x ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

5609 Maple Ave

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept 12 1952

NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem.

LOCATION (City, town, or county): Balto

(State): Md

DATE REC'D BY LOCAL REG 9/12/52

REGISTRAR'S SIGNATURE: A. W. Hubrich

24. FUNERAL DIRECTOR: Mrs Kate R. Williams

ADDRESS 322 N. Schroeder St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ..57

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 5yrs.2mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Gardner

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 1922

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Gardner

14. MOTHER'S MAIDEN NAME: Mary Howell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - - -
(If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epilepsy — Interval Between Onset And Death: Known to us since adm. 6/20/47

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — Known to us since adm. 6/20/47

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION - - - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 6/20/47 19 , to 9/10 , 19 52, that I last saw the deceased alive on 9/10 , 19 52, and that death occurred at 10:55 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Neal Drummond M.D.

ADDRESS Crownsville, Md.

DATE SIGNED 9/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 9-16-52

NAME OF CEMETERY OR CREMATORY New Chapel Cemetery

LOCATION (City, town, or county) Longwoods (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 11, 1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR James B. Barnhill

ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Calvert street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
STREET ADDRESS (If rural, give location) 107 Calvert street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Green
4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1952
5. SEX: male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1897
9. AGE last birthday: 54 yrs. If under 1 year: Months 11 | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Anne Arundel Co. Coal yard
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Matilda Dutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Hattie Green, 107 Calvert St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	7 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Disease	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1952, to 9/6/52, 19..., that I last saw the deceased alive on 9/6/52, 19..., and that death occurred at 9:25 P. m., from the causes and on the date stated above.

SIGNATURE: Sheridan L. Johnson M.D. (Degree or title) ADDRESS 20 Market Space Annapolis, Md. DATE SIGNED 9/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9-10-52 | NAME OF CEMETERY OR CREMATORY: Broadneck Cemetery | LOCATION (City, town, or county) (State): Shadyside, Md.

DATE REC'D BY LOCAL REG. 9/9/52 | REGISTRAR'S SIGNATURE: A W Bedsworth

24. FUNERAL DIRECTOR: Wm Reese & Son ADDRESS 108 W. Wash. St. Annapolis, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY — Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — Severn; LENGTH OF STAY (in this place) — ; HOSPITAL OR INSTITUTION OR STREET ADDRESS — Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — Maryland; COUNTY — Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — Severn; STREET ADDRESS (If rural, give location) — Rt 1

3. NAME OF DECEASED (Type or Print): (First) Cornelius (Middle) Littleton (Last) Griffith

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 30 1897

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: County Roads

11. BIRTHPLACE (State or foreign country): Severn Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Columbus Griffith

14. MOTHER'S MAIDEN NAME: Emily Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ruth Griffith Wife R. 2 Severn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of bowel (Large Intestine) — Interval between onset and death: 2 yrs.

1st X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 52, to Sept 20, 19 52, that I last saw the deceased alive on 9/20/52, 19....., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Chas L. Bond Jr. — (Degree or title) MD — ADDRESS: Littleton N.C. — DATE SIGNED: 9/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/23/52 — NAME OF CEMETERY OR CREMATORY: Glen Haven Cem — LOCATION (City, town, or county): Glen Burnie (State): Md.

DATE REC'D BY LOCAL REG.: 9/22/52 — REGISTRAR'S SIGNATURE: A. W. Belknap — 24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons — ADDRESS: Glen Burnie, Md

09170

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AH-1

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville — LENGTH OF STAY (in this place) 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jessup Blue Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harold	Samuel	Gutknecht	9	8	1952

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		3/25/88	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Own Farm	Poland, Europe.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Gutknecht	Anna Kusch Midir.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Mrs. Lucretia Gutknecht (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Acute

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maurice W. Faubert M.D.	Deputy Medical Examiner	Gaithersburg Md.	9/10/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/11/52	Trinity Evang. Luth. Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/10/52	[signature]	R. V. Singleton	Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]71

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crownsville

LENGTH OF STAY (in this place) 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) 2041 E. Biddle St., ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Frank	Winston	Harris	9	30	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	1928?	24? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown		

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Martha (Last name unknown)

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	—	— — — —	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

300.2

Immediate cause (a) Catatonic Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Schizophrenia — Known to us since adm. 9/16/52

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
— — — —	— — — — — — — —	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
— — — — —	— — —	— — — — — — —		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — — M.		— — — — — — — —

22. I hereby certify that I attended the deceased from 9/16, 1952 to 9/30, 1952, that I last saw the deceased alive on 9/30, 1952 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. Langmuir M.D. ADDRESS Crownsville, Md. DATE SIGNED 9/30/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 4 1952	Mt. Calvary cem.	Anne Arundel County — Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/4/52	R. W. Hedrick Deputy	Mrs. Robt. Elliott Pumphrey	1129 N. Caroline St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 yrs. 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 2202 Morris Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Henry (Last) Haynie
4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/12/09
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John Haynie
14. MOTHER'S MAIDEN NAME: Liza Gaines
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Paresis — Interval Between Onset And Death: Known to us since adm. 5/6/50

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -
19b. MAJOR FINDINGS OF OPERATION - - - - - - - - - - - - - - - - -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - -
(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 5/6/ ,19 50, to 9/16 , 19 52, that I last saw the deceased alive on 9/16 , 19 52, and that death occurred at 2:35 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Herbert Hanscutten M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 9/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/19/52
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) (State) Baltimore Md.

DATE RECD BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ISAIAH L. Brown Son
ADDRESS 1080 Montgomery St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

VS-415 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Severn P.O. Route 2
LENGTH OF STAY (in this place) 2 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 144 - Minnetonka Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn — Route 2
STREET ADDRESS (If rural, give location) Box 144 - Minnetonka Rd.

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) I. (Last) HELFERSTAY

4. DATE OF DEATH: (Month) Fri. Sept (Day) 5, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 23, 1897

9. AGE last birthday: 55 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife —

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Towson Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Payne

14. MOTHER'S MAIDEN NAME: Mary E. Kellum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-12-6747

17. INFORMANT AND ADDRESS: Mrs. Irene Bond (Daughter) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Int. cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension a cardio-vascular disease

(c)

443X

INTERVAL BETWEEN ONSET AND DEATH: (a) — (b) 1 yr — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Sept 5 1952, that I last saw the deceased alive on Sept 5 1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE: Philip H. Kuntz, M.D (Degree or title) ADDRESS 302 Patapsco Av DATE SIGNED 9/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mon Sept. 8, 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Brooklyn MD Co Md.

DATE REC'D BY LOCAL REG.: Sept. 6, 1952 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: C. Howard Evans — ADDRESS: 1400 S. Charles St Baltimore 30, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (In this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) SPENCER (Last) HERREN

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 18 Sept 52

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Floyd Raymond Herren

14. MOTHER'S MAIDEN NAME: Viola Pearl Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: (Mother) 5547 Lothian Rd, Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anoxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept, 1952, to 18 Sept, 1952, that I last saw the deceased alive on 18 Sept, 1952, and that death occurred at 1510 hrs. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): HAROLD CAUDLE, 1st Lt., M.C. — ADDRESS: USA Hospital, Ft Geo G. Meade, Md — DATE SIGNED: 18 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: 20 Sept 52 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Ft Geo G. Meade, Md

DATE REC'D BY LOCAL REG.: 18 Sept 52 — REGISTRAR'S SIGNATURE: ARTHUR J. GOMBOSH, Capt., MSC — 24. FUNERAL DIRECTOR: J. G. BURKHALTER, Chaplain (Capt USA) — ADDRESS: Ft Geo G. Meade, Maryland

11-27-2

SEP 24 1952

Item 3 FilmG146 9/23/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LORENZO (Middle) Alonzo (Last) HOLLAND
4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: March
9. AGE last birthday: 68 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Holland
14. MOTHER'S MAIDEN NAME: Elsie Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Marshall Holland Dames Quarter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 442

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

R. F. Graham MD 700 Fleet St Balto Md 9/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 4 1952 — NAME OF CEMETERY OR CREMATORY: Dames Quarter Cemetery — LOCATION (City, town, or county) (State): Dames Quarter Md

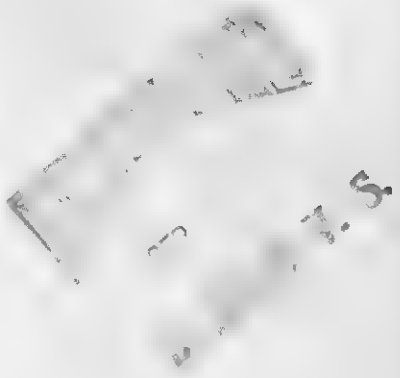
DATE REC'D BY LOCAL REG.: Sept. 1 1952 — REGISTRAR'S SIGNATURE: L. J. DeAlton — 24. FUNERAL DIRECTOR — ADDRESS: Levin R. Wilson, Princess Anne, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(2/20)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownswood Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Rural
STREET ADDRESS Brownswood. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Hunt Sr.

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) S

8. DATE OF BIRTH: Oct. 15, 1885

9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months 11 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hunt

14. MOTHER'S MAIDEN NAME: Margett Fleetwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Lenorise Johnson Brownswood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 321X

Immediate cause (a) Cerebro Vascular Accident. — Interval Between Onset and Death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18-52, 19..., to 9-19-52, 19..., that I last saw the deceased alive on 9-18-52, 19..., and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. T. Allen, Jr. M.D. ADDRESS 10 Carroll DATE SIGNED 9-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept 22 1952 — NAME OF CEMETERY OR CREMATORY Broadneck — LOCATION (City, town, or county) Skidmore (State) Md

DATE REC'D BY LOCAL REG. Sept. 22, 1952

REGISTRAR'S SIGNATURE Wm. T. French

24. FUNERAL DIRECTOR J. B. Johnson — ADDRESS Annapolis, Md.

RECEIVED
1952
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~XXXXX~~ Brooklyn, Park | LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 W. 11th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND, Ann Arundel COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (~~XXXXX~~) Brooklyn, Park
STREET ADDRESS (If rural, give location) 9 W. 11th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward		Ipser	9/2/52		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	May 30, 1891	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor	Tailor	Czechoslavakia	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unkn Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	217-05-5814	Josephine E. Pasek 9 W. 11th Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	Sept. 2-52
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Edema	Sept 2-52
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 2, 19 52, to Sept 2, 19 52, that I last saw the deceased alive on Sept 1, 19 52 and that death occurred at 10 20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	4016 Ritchie Hwy	9-4-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/6/52	Oak Hill Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/5/52	[signature] Deputy	Philip E. Brady	2716 E. Monument St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 9 Film G146 9/23/52 whw
" 18 " G147 9-25-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) S (Last) JONES
4. DATE OF DEATH: (Month) Sept (Day) 11th (Year) 1952

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH: ? | 9. AGE last birthday: 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired | 10b. KIND OF BUSINESS OR INDUSTRY: Cap. Farm | 11. BIRTHPLACE (State or foreign country): King George Co Va | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Benjamin Jones | 14. MOTHER'S MAIDEN NAME: Mary Downes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Marie J. Harmon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory FAILURE	24 hrs
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilat Pulm TBC	Unk
	(c) II Arteriosclerotic CVR disease	Unk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatism

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to 11 Sept, 1952, that I last saw the deceased alive on 10 Sept, 1952, and that death occurred at 3 34 A m., from the causes and on the date stated above.

SIGNATURE R M Jansen (Degree or title) M D ADDRESS Upper Marlboro DATE SIGNED Sept 11, 1952

23. BURIAL, ~~CREMATION~~ (Specify) | DATE THEREOF Sept 13-1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 9-11-52 | REGISTRAR'S SIGNATURE M L Clayton | 24. FUNERAL DIRECTOR Simmons Bros | ADDRESS 2007 Nichols Ave S.E. Washington D.C.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY Alachua; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gainsville; STREET ADDRESS (If rural, give location) 1263 SE 10th Ave

3. NAME OF DECEASED (Type or Print): (First) RACHEL; (Middle) ELEANOR; (Last) JONES

4. DATE OF DEATH: (Month) SEPTEMBER; (Day) 1; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: SEPTEMBER 1, 52

9. AGE last birthday: yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours 1 | Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: —

13. FATHER'S NAME: William H. Jones

14. MOTHER'S MAIDEN NAME: Lillie May Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Lille Stephenson (Mother) 322 W. Hoffman St., Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

ONSET AND DEATH

Immediate cause (a) Anoxia — 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

1750

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 1952, to 1 Sept, 1952, that I last saw the deceased alive on 1 Sept, 1952, and that death occurred at 6:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): MARY E. STEINHEIMER, Capt., M.C. — Mary E. Steinheimer Capt. M.C.

ADDRESS: U. S. Army Hospital, Ft. Meade, Md.

DATE SIGNED: 1 Sept. 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2 Sept 52

NAME OF CEMETERY OR CREMATORY: Post Cemetery

LOCATION (City, town, or county) (State): Ft Geo G. Meade, Maryland

DATE REC'D BY LOCAL REG.: 2 Sept 52

REGISTRAR'S SIGNATURE: ARTHUR J. GOLOSH, Capt. MSC

24. FUNERAL DIRECTOR / ADDRESS: Carl A. Thomas, Chaplain (1st Lt USA) Fort George G. Meade, Maryland

12-14-1

SEP 8
B. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0186

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G Meade
LENGTH OF STAY (in this place): -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: - COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: -
STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print): (First) DENNIS (Middle) WILLIAM (Last) KELLY

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): -

8. DATE OF BIRTH: Sept 24, 1952

9. AGE last birthday: yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours 3 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: -

13. FATHER'S NAME: Thomas John Kelly

14. MOTHER'S MAIDEN NAME: America Florence Lorraine Eutsler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mother Odenton, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (30 weeks gestation)

176K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Sept., 1952., to 24 Sept., 1952., that I last saw the deceased alive on 24 Sept., 1952., and that death occurred at 0800 hrs., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles R. Semper, Capt., M.C. ADDRESS: U.S. Army Hospital Ft Meade, Md DATE SIGNED: 24 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE THEREOF: 24 Sept 52
NAME OF CEMETERY OR CREMATORY: Post Cemetery
LOCATION (City, town, or county) (State): Ft Geo G. Meade, Md.

DATE REC'D BY LOCAL REG.: 24 Sept 52
REGISTRAR'S SIGNATURE: ARTHUR J. GOMBOSH, Capt MSC
24. FUNERAL DIRECTOR: J. G. BURKALTER, Chaplain (Capt USA)
ADDRESS: Ft Geo G. Meade Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]51

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI [illegible] 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bay Ridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Upshur Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Ridge
STREET ADDRESS (If rural, give location) 8 Upshur Avenue

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) M. (Last) Klinger

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Sept 29th 1896

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Klinger

14. MOTHER'S MAIDEN NAME: Frances Biemmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Boyce Funeral Home – Escanaba, Mich.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6:30 A.M. 9-1, 1952, to 6:35 A.M. 9-1, 1952, that I last saw the deceased alive on 9-1, 1952, and that death occurred at 6:35 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George C. Boyce M.D. ADDRESS Escanaba Mich. DATE SIGNED 9-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-5-1952

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) Escanaba (State) Mich.

DATE REC'D BY LOCAL REG. Sept. 2, 1952

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John M. Taylor & Son

ADDRESS Annapolis, Md.

RECEIVED
SEP 8 1972
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Annapolis — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARION	CARSON	Lambert	Sept	30	1952

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White		Aug. 9, 1908	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lumber Co	Truck driver	Sugar Grove, Virginia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Paris G. Lambert	Luemma Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

150X

Immediate cause (a) Carcinoma of Oesophagus — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept 30, 1952, that I last saw the deceased alive on 9/30/, 1952, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE G. Lambert (DEGREE OR TITLE) MD ADDRESS Annapolis Md. DATE SIGNED 10-1-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 2 1952	All Hallows Cemetery	Davidsonville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 2, 1952	[illegible]	T. A. Hardesty and Sons,	Galesville, Md.

RECEIVED
OCT 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater - Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater - Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) L. (Last) Langrehr

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 5, 1865

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William H. Stevens - Edgewater Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Pneumonia DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19.52., to Sept. 10, 19.52., that I last saw the deceased alive on Sept. 1, 19.52., and that death occurred at 7.50 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Bosworth M.D. ADDRESS Annapolis Md. DATE SIGNED 9/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 9-13-52 — NAME OF CEMETERY OR CREMATORY Moreland Memorial — LOCATION (City, town, or county) (State) Taylor Ave. - Balto. Md.

DATE REC'D BY LOCAL REG. 9-12 — REGISTRAR'S SIGNATURE A. W. Hedrick by [illegible] — 24. FUNERAL DIRECTOR ADDRESS John C. Miller Inc. - 2435 E. Oliver St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]4

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie

LENGTH OF STAY (in this place): 3months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Oaklane

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1417 Reynolds St.

3. NAME OF DECEASED: (First) Mary (Middle) [illegible] (Last) Marchlinus

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	White	Widow	2/2/1892	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework		Shenandoah Penn.	U.S.A.

13. FATHER'S NAME: Joseph Marchlinus

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. Helen Uebel, (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

15 X

Immediate cause — (a) Carcinoma of the head and the body of the — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) body pancreas. — 6 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
7/19/52	Carcinoma of the head and body of the pancreas.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July, 1952, to 9/22, 1952, that I last saw the deceased alive on 9/21/52 19....., and that death occurred at 1.25 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Curtis N. Pawlett MD, Glen Burnie, Md. — 9/22/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/25/52	Holy Cross Cemetery	Brooklyn	Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

9/22/52 — [illegible] W. Beckwith — Charles F. Dill — 150 E. 21st Ave

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County AA. Co

City or town Reveria Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County AA. Co

City or town Reveria Beach
(If outside city or town limits, write RURAL and give nearest town)

Street No. Creek and Glen Roads
(If rural, give LOCATION)

2.(a) If veteran, name war War I

3.(a) FULL NAME CHARLES ALEXANDER McCURDY

3.(b) Social Security Number 213.10.8451

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Marie F. Mc Curdy 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 24, 1886

8. AGE: Years [redacted] | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Irland (town, county, and state)

10. Usual occupation Crown Central Petro. Co

11. Industry or business Retired

FATHER 12. Name Alexander Mc Curdy

13. Birthplace Irland

MOTHER 14. Maiden name Mary Todd

15. Birthplace Irland

16. Informant Marie F. McCurdy

Address Reveria Beach, AA Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 3, 1952 (month) (day) (year)

Cemetery or crematory Baltimore National Cem.

Location Baltimore, Md.

18. Funeral director John T. Stansbury

Address 2700 Edmondson Ave.

19. 10/1 19 52 Reg. W. Herbert Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1952 at 9:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1951 to Sept. 30 1952 and that I last saw h.. alive on Sept. 29 1952

Immediate cause of death	DURATION
Carcinoma Tongue	1 year
Due to	
Due to 141X	
Other conditions Hypertensive Cardio Vascular Disease (Include pregnancy within 3 months of death)	1 year

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Brady Smith, M.D. M. D. or other

Address Riverside Beach, Md. Date signed 9/30/52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16-8-51

1. PLACE OF DEATH:

COUNTY: Q. A. — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodland Beach

LENGTH OF STAY (in this place): 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Q. A. Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodland Beach

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Maugan (Last) McDonnell

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	White	widow	Unknown	98? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Child Nurse	Nursing	Ireland	

13. FATHER'S NAME: Patrick Maugan

14. MOTHER'S MAIDEN NAME: Catherine Leahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	none	Richard King, Woodland Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — 2 Yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Sept 4, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 2:1 AM m., from the causes and on the date stated above.

SIGNATURE: R.T. Rawlings — (DEGREE OR TITLE) MD — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/6/52	Woodlawn	Catonsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 5, 1952	Edward Callen	T. A. Hardesty & Son	

SEP
BUREAJ V. c

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade
LENGTH OF STAY (in this place): -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Delaware — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Selbyville
STREET ADDRESS (If rural, give location): Box 242

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) THOMAS (Last) MITCHELL JR
4. DATE OF DEATH: (Month) September (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): -
8. DATE OF BIRTH: Sept 25 52
9. AGE last birthday: yrs. — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours 14 — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: -
13. FATHER'S NAME: Fred Thomas Litchell
14. MOTHER'S MAIDEN NAME: Ruth Anna Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT AND ADDRESS: Mother, Selbyville, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis Atelectasis, n.e.c.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity Prematurity (38 weeks gestation)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: | (CITY OR TOWN): | (COUNTY): | (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Sept., 1952, to 27 Sept., 1952, that I last saw the deceased alive on 27 Sept 1952, and that death occurred at 1023 hrs., from the causes and on the date stated above.

SIGNATURE: s/ Joseph C. Sheehan (Degree or title) ADDRESS: DATE SIGNED:

/s/ JOSEPH C. SHEEHAN Capt MC USA Hosp Ft Meade, Md. 27 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: 29 Sept 52 | NAME OF CEMETERY OR CREMATORY: Post Cemetery | LOCATION (City, town, or county) (State): Ft Geo G Meade, MD.

DATE REC'D BY LOCAL REG.: 29 Sept 52 | REGISTRAR'S SIGNATURE: [illegible] Capt MC | 24. FUNERAL DIRECTOR ADDRESS: J.G. BURKHALTER Chaplain (Capt USA) Ft Geo G. Meade, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-Rev. 8-51

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crownsville

LENGTH OF STAY (in this place) 14 yrs. 2½ mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton

STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William		Neuman	9	14	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	1875?	77? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Newman	Jane (Last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	— — — —	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163X

Immediate cause (a) Cancer of Lungs — Interval between onset and death: Known to us for 2 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Known to us since adm. 6/24/28

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
— — — —	— — — — — — — — — —	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
— — — —	— — — —	— — — —	— — — —	— — — —

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — — — — M.		— — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/13, 19 41, to 9/14, 19 52, that I last saw the deceased alive on 9/14, 19 52, and that death occurred at 12:45a.m., from the causes and on the date stated above.

SIGNATURE Jacob Hauptman M.D. (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 9/14/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
		University Hospital	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	27. FUNERAL DIRECTOR	ADDRESS
9/23/52	L. J. DeCelba	Mrs Samuel T. Hemsley	578 W. Lafayette; Biddle Street

RECEIVED
SEP 25 1952
BUREAU V. S.

Item 21 Film G147 10-9-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Nr. Annapolis, Md.
LENGTH OF STAY (in this place): 4 ds.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 471 Watty Court

3. NAME OF DECEASED: (Type or Print) (First) Woodrow (Middle) (Last) Parker

4. DATE OF DEATH: (Month) 9- (Day) 30- (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 18, 1947

9. AGE last birthday: 5 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Zachariah Parker

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Zachariah & Mary Parker, parents, 471 Watty Court, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

8 9

Immediate cause (a) Chronic Lead Poisoning — known to us since 9/26/52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diarrhea and enteritis — 24 hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Was admitted to Hospital 9-26-52 with the given diagnosis of Lead Poisoning made in Balto. City Hospital on his first admission there 3/15/50.

22. I hereby certify that I attended the deceased from 9/26/, 19 52, to 9/30, 1952, that I last saw the deceased alive on 9/26/, 1952, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

SIGNATURE: Jacob Augenstein M.D. (DEGREE OR TITLE) ADDRESS: Crownsville State Hospital — DATE SIGNED: 10/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/4/1952 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem. — LOCATION (City, town, or county): Balto. — (State): Md.

DATE REC'D BY LOCAL REG.: 10/3/52 — REGISTRAR'S SIGNATURE: H. W. Redeck

24. FUNERAL DIRECTOR: Mr. Katie R. Williams — ADDRESS: Schroeder Bros. 3224

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

VS. A 46 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trippe Rdg
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trippe Landing
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Lyles (Last) PARKS.

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Mar 21, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Edw Paddy

14. MOTHER'S MAIDEN NAME: Margaret Lyles.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Wm Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 hrs.
420,1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C.V.R. disease	8 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr Cholecystitis — 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept 21, 1952, that I last saw the deceased alive on 18 Aug, 1952, and that death occurred at 6.20 A.M., from the causes and on the date stated above.

SIGNATURE: K L B Turner (Degree or title) MD ADDRESS: Upper Marlboro Md DATE SIGNED: Sept 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept 24 52

NAME OF CEMETERY OR CREMATORY: James Cemetery

LOCATION (City, town, or county) (State): Davis A.A. Co. Md

DATE REC'D BY LOCAL REG.: Sept 22 52

REGISTRAR'S SIGNATURE: E. R. Clayton Reg Local

24. FUNERAL DIRECTOR: D. A. Stinchcomb and Son

ADDRESS: W. Annapolis, Md.

RECEIVED
SEP 23 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 11 yrs. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 620 W. Montgomery Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Paul

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/25/1897

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Transfer Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Paul

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO.: — — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

025X

Immediate cause (a) General Paresis — Known to us since 6/19/41

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — — —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — — — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 10/13, 19 41, to 9/2/, 19 52, that I last saw the deceased alive on 9/2, 19 52, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Local Physician M.D.

ADDRESS: Crownsville, Md.

DATE SIGNED: 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/4/52

NAME OF CEMETERY OR CREMATORY: Mt Calvary Et

LOCATION (City, town, or county) (State): A A Co., Md

DATE REC'D BY LOCAL REGISTRAR: 9-4-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: D L Brown & Son

ADDRESS: 1082 Montgomery St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY A.A.Co STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mayo
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Triton Beach

2. USUAL RESIDENCE (HOME) OF DECEASED STATE ... COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flushing L.I. N.Y.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wm (Middle) LEE (Last) Pearsall
4. DATE OF DEATH (Month) 4 (Day) ... (Year) 19 52

5. SEX M/C
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mar'd
8. DATE OF BIRTH 9/11/1897
9. AGE last birthday 54 yrs. If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY City of N.Y.
11. BIRTHPLACE (State or foreign country) Long Island N.Y.
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME William Pearsall
14. MOTHER'S MAIDEN NAME Estelle Deisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife Home address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Triton Beach (CITY OR TOWN) Mayo (COUNTY) AA Co (STATE) Md
TIME OF INJURY (Month) 9 (Day) 1 (Year) 52 (Hour) 5 p.m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ..., Inspection ✓, Inquiry ... thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ..., suicide ..., homicide ..., undetermined ...*

SIGNATURE C Burkhardt (Degree or title) MD ADDRESS Annapolis, Maryland DATE SIGNED 9-1-52

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF 9/5/52 NAME OF CEMETERY OR ~~CREMATORY~~ U.S. National LOCATION (City, town, or county) Pinelawn L.I. (State) N.Y.

DATE REC'D BY LOCAL REG. 9/2/52 REGISTRAR'S SIGNATURE R.W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 121 St. Paul St.

Dupl.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 62 Cathedral Street

3. NAME OF DECEASED (Type or Print): (First) Summerfield (Middle) Randall (Last)

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-22-1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months 8 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Plumber Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Summerfield Randall

14. MOTHER'S MAIDEN NAME: Cathrine Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 215-04-0416

17. INFORMANT AND ADDRESS: Mrs. Beatrice Harris 7 Kirby Lane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular Accident	6 days
	(c) Arteriosclerosis, Generalized	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bilateral pneumonia, Terminal	3 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26/52, to 9/1/52, that I last saw the deceased alive on 8/26/52, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. Annapolis, Md. 9/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-9-52 — NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG. 9/9/52 — REGISTRAR'S SIGNATURE C. J. Hedrick — 24. FUNERAL DIRECTOR: Wm. Reese — ADDRESS 108 W. [illegible] St. [illegible] Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 194

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING
use of especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 17 yrs. 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) S. (Last) Ray

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Cerebral Arteriosclerosis — Known to us since adm. 3/30/52
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid Condition — Known to us since adm. 3/30/25

19a. DATE OF OPERATION: - - - - 19b. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - - - (CITY OR TOWN) - - - - - (COUNTY) - - - - - (STATE) - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 10/13, 1941, to 9/11, 1952, that I last saw the deceased alive on 9/11, 1952, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mrs. Mary Howcastle (M.D.) — ADDRESS Crownsville, Md. — DATE SIGNED 9/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/18/1952 — NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. — LOCATION (City, town, or county) Balto. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/10/52 — REGISTRAR'S SIGNATURE Mrs. Hedgie Hedgepeth Deputy — 24. FUNERAL DIRECTOR Mrs Katie R. Williams — ADDRESS Schroeder St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]95

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—FADING INK. Every item of information should be carefully supplied. Correct age is especially important: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Margaret Frances Ross

2. DATE OF DEATH: Sept. 1, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland: Glenburnie

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marley Neack Rd

c. Length of stay in Baltimore: Yrs. 5ike Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Arundle
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenburnie
D. STREET ADDRESS (If rural, give location): Rout # 1 Box 119

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 12, 65
9. AGE (In years last birthday): 87
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Arundle Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Miller
14. MOTHER'S MAIDEN NAME: Caroline Hengon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary Ross ADDRESS: Glenburnie Md

CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO

151.1 ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Cardio Vascular Renal 5 years

21C. TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1952 *to* Sept 1, 1952 *that I last saw the deceased alive on* Aug 30, 1952 *and that death occurred at* 12:15 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: Pasadena Md
23C. DATE SIGNED: 9/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/4/52
24C. NAME OF CEMETERY OR CREMATORY: Marley Neack
24D. LOCATION (City, Town, or county) (State): Arundle Co. Md

DATE RECEIVED BY LOCAL REGISTRAR: 9-2-52
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: Elmer Wilson ADDRESS: 1000 Brantley

VS 150

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundel Gardens
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Bon Air Road,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundel Gardens
STREET ADDRESS (If rural, give location) 4 Bon Air Road.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) A. (Last) Scherer (or Sheare)

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1952 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 22, 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): H oward County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Baker

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Robert S. Scherer, Arundel Gardens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Haemorhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Long Continued Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952 to Sept. 26, 1952, that I last saw the deceased alive on Sept. 26, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Allen S. Beetham, M. D. 3139 E. Baltimore St. Balto. Md. Sept. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 29, 1952

NAME OF CEMETERY OR CREMATORY: Western

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9/29/52

REGISTRAR'S SIGNATURE: Mrs. Pedrick

24. FUNERAL DIRECTOR: C. Vernon Lemmon ADDRESS: 4611 Park Heights Baltimore, Md.

Duke.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Tracys
LENGTH OF STAY (In this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tracys
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Virgie (Middle) Ellen (Last) Shubert

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	April 30 1888	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Friendship Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H Armiger
14. MOTHER'S MAIDEN NAME: Annie Norfolk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: — —
17. INFORMANT & ADDRESS: Wm. H. Shubert. Tracys Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 (162)

Immediate cause (a) Coronary Occlusion (thrombosis?)
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Intermediate rescuen disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis of urinary bladder.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
none		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 19 52, to Sept 11, 19 52, that I last saw the deceased alive on Aug 30, 19 52, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Emily H. Wilson M.D. Lothian, Md. 9/13/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 14, 1952	Friendship	Friendship Anne Arundel Md

DATE REC'D BY LOCAL REG. Sept 15, 1952 REGISTRAR'S SIGNATURE O. K. Clayton
24. FUNERAL DIRECTOR T. A. Hardesty & Son, Glenwood Md ADDRESS

RECEIVED
SEP 15 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Harwood
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Harwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Priscilla (Last) Simms

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Jan. 16, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Servant

10b. KIND OF BUSINESS OR INDUSTRY: Farm home

11. BIRTHPLACE (State or foreign country): Lothian, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Jones

14. MOTHER'S MAIDEN NAME: Not known by family

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 years

4200

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 19....., to — , 19....., that I last saw the deceased alive on — , 19....., and that death occurred at 3.30P m., from the causes and on the date stated above.

SIGNATURE Vincent Gould, M.D. (Degree or title) ADDRESS Mayo, Md. DATE SIGNED 9-19-52

Vincent Gould M D (Coroner's Case)

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 23, 1952

NAME OF CEMETERY OR CREMATORY Mt Zion Church Cemetery

LOCATION (City, town, or county) (State) Lothian Maryland

DATE REC'D BY LOCAL REG. 9/22/52

REGISTRAR'S SIGNATURE C W Dennis

24. FUNERAL DIRECTOR ADDRESS Wm. Reese 108 W. Washington Street Annapolis, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 29 Bunche Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 29 Bunche Street

3. NAME OF DECEASED (Type or Print): (First) LEROY (Middle) (Last) SISCOE

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH:

9. AGE Last birthday: yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Sisco

14. MOTHER'S MAIDEN NAME: Louise Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* _, *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): William S. Smith, M.D.

ADDRESS: Baltimore, Maryland

DATE SIGNED: September 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF:

NAME OF CEMETERY OR CREMATORY:

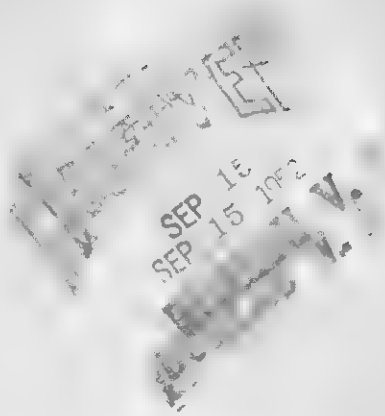
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Sept. 11, 1952

REGISTRAR'S SIGNATURE: J. O. Brunel B.W.

24. FUNERAL DIRECTOR: Ethel L. Hicks

ADDRESS: 45 Northwest St. Annapolis


SEP
SEP 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

092100

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY A. A. | MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY A.A. Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md

STREET ADDRESS (If rural, give location) 18 N. Cherry Grove Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Oswald	(M)	Stallings	Sept	9	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	W		Oct 19, 1883	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Watchman	State of Md	Edgewater, Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Helen R. Stallings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease.	1 year
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May, 19 52, to Sept 9, 19 52, that I last saw the deceased alive on Sept 9, 19 52, and that death occurred at 11.9 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Kenneth C Bond M.D. Annapolis Md 9-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Sept 11, 1952	St James	Tracys' Landing Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 11, 1952	J. O. Arnold Asst.	John M. Taylor & Son	Annapolis Md

Items 1,13,14 FilmG147 9/30/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY A.A.Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL — LENGTH OF STAY (In this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mayo Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C
STREET ADDRESS (If rural, give location) 712 Buchanan St N.E.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles		Stark	9	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	June 8, 1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MACHINIST	U.S. GOV'T	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Stark	Catherine Wellner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		BERTHA M. STARK 722 BUCHANAN NE WASH. DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
410.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Mayo	A.A.Co	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Burkett	MD	Annapolis, Maryland	9-1-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	SEPT 4, 1952	CEDAR HILL	Suitland,	Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 1, 1952	Edward Collinson	G. Wm Lee Sons Co	Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 241 Hanover St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md
STREET ADDRESS (If rural, give location) 241 Hanover St.

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Marie (Last) Stoppenbach

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Oct. 11, 1888

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Clausmeyer

14. MOTHER'S MAIDEN NAME: Angenette Burnside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Carroll H. Albaugh - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING ~~TO~~ DEATH:

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Several years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Generalized Arteriosclerosis — Several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Several years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1951, to Sept. 4, 1952, that I last saw the deceased alive on Sept. 3, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George C. Bond M.D. Annapolis Md 9-5-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 9-6-1952 NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Sept. 6 1952 REGISTRAR'S SIGNATURE J. D. Bowers Asst.

24. FUNERAL DIRECTOR John B. Taylor & Son ADDRESS Annapolis, Md.

U.S. A18 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MD 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Churchton Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Churchton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Garfield (Last) Turner

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify): Single

8. DATE OF BIRTH: May 20 1916

9. AGE last birthday: 36 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (State or foreign country): Churchton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Turner

14. MOTHER'S MAIDEN NAME: Mary Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles Blunt, Churchton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 092X Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) —

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1952, to Sept 10, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

A. E. Waidner M.D. M.D. Annapolis Md Sept 13 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept 13, 1952

NAME OF CEMETERY OR CREMATORY Franklin

LOCATION (City, town, or county) Churchton, Md. (State)

DATE REC'D BY LOCAL REG. 9-13-52

REGISTRAR'S SIGNATURE D. B Bent

24. FUNERAL DIRECTOR T A Hardesty & Son, Glenville Md

ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; LENGTH OF STAY (in this place): —; HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS (If rural give location): Lemonte Ave.

3. NAME OF DECEASED: (First) Edward (Middle) Francis (Last) Wagner Sr.

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 21 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Plant Supt.

10b. KIND OF BUSINESS OR INDUSTRY: National Plastic

11. BIRTHPLACE (State or foreign country): New York City N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Wagner

14. MOTHER'S MAIDEN NAME: Catherine Shannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No; (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-03-5605

17. INFORMANT & ADDRESS: Violet Mary Wagner

18. MEDICAL CERTIFICATION — Lemonte Ave. Odenton Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Asthma DUE TO

(c)

Interval Between Onset And Death: 24 hours; years

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 7, 19 52 to Sept 2 52 I last saw the deceased alive on Sept 2, 19 52, and that death occurred at 2 35 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) John Lipsky M.D. ADDRESS Odenton Md. DATE SIGNED Sept 2 52

22. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept. 6, 52; NAME OF CEMETERY OR CREMATORY: Lady of the Fields; LOCATION (City, town, or county) (State): Odenton Md.

DATE REC'D BY LOCAL REGISTRAR: 9-4-52; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Edward Armacost; ADDRESS: Lady of the Fields Odenton Md. 4600 Liberty Heights

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wode

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03205

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1

S-4

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva, Md. — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverview Nursing Home	STREET ADDRESS (If rural, give location) 7101 Plymouth Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CAROLINE	LAURA	WODE	Sept.	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Aug. 24, 1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
never worked		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis E. Wode	Rosa Strodtman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	Mrs. H. M. Buckingham - 7101 Plymouth Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Bilateral Pneumonia	2 wks.
350x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Parkinsons Disease	years.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer -	1 Mon.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/ ....., 1952 to 9/11/ ....., 1952, that I last saw the deceased alive on 9/11/ ....., 1952, and that death occurred at 9 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Shipley	M.D.	Annapolis, Md	9/12/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/16/52	Cedar Hill Cem.	Anne Arundel Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/16/52	H. D. Hedrick Deputy	Wm. J. Tichenor & Sons	Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09206

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups. LENGTH OF STAY (In this place) 2 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) McKinley (Last) Wood.

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1952

5. SEX: male. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated. 8. DATE OF BIRTH: 5/17/97 9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10b. KIND OF BUSINESS OR INDUSTRY: Carpenter - Helper 11. BIRTHPLACE (State or foreign country): Frederick, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Wood. 14. MOTHER'S MAIDEN NAME: Mary Ellen Stambaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 214-14-6024 17. INFORMANT AND ADDRESS: Md. House of Correction Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gustave H. Paulenich, M.D. Medical Examiner Silver Run, Md. 9/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 9/16/52 NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Tabor LOCATION (City, town, or county) (State): Rocky Ridge, Fred. Co., Md.

DATE REC'D BY LOCAL REG.: 15 Sept. 1952 REGISTRAR'S SIGNATURE: L. J. DeAlba 24. FUNERAL DIRECTOR ADDRESS: G. C. Barton, Walkersville, Md.

RECEIVED
SEP 18 1952
BUREAU V. S.